

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN40ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER THE CONTINUUM-REGENERATIONS		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 GRANT DRIVE SUTIE A RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 3/23/10.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for 50 total day care clients. The census at the time of the survey was 26. Fifteen resident files were reviewed and four employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 56 SS=F	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician.</p> <p>This Regulation is not met as evidenced by: Based upon record review on 3/23/10, the facility failed to ensure 4 of 4 sampled employees had a pre-employment physical examination (Employee #1, Employee #2, Employee #3 and</p>	U 56		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 56	Continued From page 1 Employee #4). Severity: 2 Scope : 3	U 56		
U123 SS=F	449.4075 Plan for Emergencies; Drill for Evacuation 2. A drill for evacuation must be conducted at least once every 3 months. Fire extinguishers must be inspected periodically and training must be provided for employees of the facility in procedures to be followed in case of a fire or other emergency. This Regulation is not met as evidenced by: Based on observation and interview on 3/23/10, the facility failed to conduct an evacuation drill every 3 month (3 of 4 quarters in the past twelve months). Severity: 2 Scope: 3	U123		
U195 SS=A	449.40835 Records 2. An individual file must be maintained for each client and retained for 5 years after he permanently discontinues his use of the facility. Each such file must be kept in a locked place which is resistant to fire and must be available only to authorized persons. The file must contain all records, letters and other information related to the client, including: (c) His full name, address, race, religion, occupation, date of birth and social security number. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that files for 1 of 15 clients contained medical information (Client #11).	U195		

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U195	Continued From page 2 Severity: 1 Scope: 1	U195		
U196 SS=B	449.710835 Records 2. An individual file must be maintained for each client and retained for 5 years after he permanently discontinues his use of the facility. Each such file must be kept in a locked place which is resistant to fire and must be available only to authorized persons. The file must contain all records, letters and other information related to the client, including: (d) The telephone number of his physician and home address and telephone number of his next of kin or guardian or other person responsible for him. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that files for 3 of 15 clients contained the physician's telephone numbers (Client #1, Client #5 and Client #12) and failed to ensure that files for 5 of 15 clients contained addresses for a guardian or next of kin (Client #5, Client #7, Client #8, Client #13 and Client #14). Severity: 1 Scope: 2	U196		

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